

Children learn a bit from their parents, they might get a dash in school, perhaps a soupçon of TV helps. But, in the main, they are more often exposed to poor communicators than good ones.

Ideally, helpers-to-be would arrive at training programs already equipped with a solid set of interpersonal communication skills. Training would help them adapt these skills to the counseling process. After all, basic interpersonal communication skills are not special skills peculiar to helping. Rather, they are extensions of the kinds of skills all of us need in our everyday interpersonal interactions. However, since trainees don't ordinarily arrive so equipped, they need time to come up to speed in communication competence. This, in a strange way, creates its own problem. Some helper-training programs focus almost exclusively on interpersonal communication skills. As a result, trainees know how to communicate but not necessarily how to help. Furthermore, most adults feel that they are "pretty good" at these skills. What they actually mean is that they see themselves as good as others.

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Visibly tuning in is not, of course, an end in itself. You tune in mentally and visibly to listen to the stories, points of view, decisions, and both the intentions and proposals of your clients. Listening carefully to a client's concerns seems to be a concept so simple to grasp and so easy to do that you may wonder why it is given such explicit treatment here. Nonetheless, it is amazing how often people fail to listen to one another. Full listening means listening actively, listening accurately, and listening for meaning. Listening is not merely a skill. It is a rich metaphor for the helping relationship—indeed all relationships. An attempt to tap some of that richness will be made here.

The following case will be used to help you develop a better behavioral feel for both visibly tuning in and listening.

Jennie, an African American college senior, was raped by a "friend" on a date. She received some immediate counseling from the university Student Development Center and some ongoing support during the subsequent investigation. But even though she was raped, it turned out that it was impossible for her to prove her case. The entire experience—both the rape and the investigation that followed—left her shaken, unsure of herself, angry, and mistrustful of institutions she had assumed would be on her side (especially the university and the legal system). When Denise, a middle-aged and middle-class African American social worker who was a counselor for a health maintenance organization, first saw her a couple of years after the incident, Jennie was plagued by a number of somatic complaints, including headaches and gastric problems. At work, she engaged in angry outbursts whenever she felt that someone was taking advantage of her. Otherwise, she had become quite passive and chronically depressed. She saw herself as a woman victimized by society and was slowly giving up on herself.

We will refer back to the interactions between Denise and Jennie to illustrate some of the main points about listening.

INADEQUATE LISTENING

Effective listening is not a state of mind, like being happy or relaxed. It's not something that "just happens." It's an activity. In other words, effective listening requires work. Let's first take a look at the opposite of active listening. All of us have been, at one time or another, both perpetrators and victims of the following forms of inactive or inadequate listening.

Nonlistening. Sometimes we go through the motions of listening but are not really engaged. At times we get away with it. Sometimes we are caught. "What would you do?" Jennifer asks her colleague, Kieran, after outlining a problem the university counseling center is having with the school's administration. Embarrassed, Kieran replies, "I'm not sure." Staring him down, she says, "You haven't been listening to a word I've said." For whatever reason, he had tuned her out. Obviously, no helper sets out not to listen, but even the best can let their mind wander as they listen to the same kind of stories over and over again, forgetting that the story is unique to this client.

Partial listening. This is listening that skims the surface. The helper picks up bits and pieces but not necessarily the essential points the client is making. For instance, Janice's client, Dean, is talking to her about a date that went terribly wrong. Janice only half listens. It seems that Dean is not that interesting. Dean stops talking and looks rather dejected. Janice tries to pull together the pieces of the story she

did listen to. Her attempt to express understanding has a hollow ring to it. Dean pauses and then switches to a different topic. Inadequate listening helps neither understanding nor relationships.

Tape-recorder listening. What clients look for from listening is not the helper's ability to repeat their words. A tape recorder could do that perfectly. People want more than physical presence in human communication; they want the other person to be present psychologically, socially, and emotionally. Sometimes a helper fails to demonstrate that visibly tuning in and listening mean being totally present. The client picks up some signals that the helper is not listening very well. How many times have you heard someone exclaim, "You're not listening to what I'm saying!"? When the person accused of not listening answers, almost predictably, "I am too listening; I can repeat everything you've said," the accuser is not comforted. Usually, clients are too polite or cowed or preoccupied with their own concerns to say anything when they find themselves in that situation. But it is a shame if your auditory equipment is in order but you are elsewhere. Your clients want you, a live counselor, not a tape recorder.

Rehearsing. Picture Sid, a novice counselor, sitting with Casey, a client. At one point in the conversation, when Casey talks about some "wild dreams" he is having, Sid says to himself, "I know very little about dreams; I wonder what I'm going to say?" Sid stops listening and begins rehearsing what he's going to say. Even when experienced helpers begin to mull over the perfect response to what their clients are saying, they stop listening. Effective helpers listen intently to clients and to the themes and core messages embedded in what they are saying. They are never at a loss in responding. They don't need to rehearse. And their responses are much more likely to help clients move forward in the problem-management process. When a client stops speaking, effective helpers often pause to reflect on what he or she just said and then speak. Pausing says, "I'm still mulling over what you've just said. I want to respond thoughtfully". They pause because they have listened.

EMPATHIC LISTENING

The opposite of inactive or inadequate listening is empathic listening, listening driven by the value of empathy. Empathic listening centers on the kind of attending, observing, and listening—the kind of "being with"—needed to develop an understanding of clients and their worlds. Although it might be metaphysically impossible to actually get "inside" the world of another person and experience the world as he or she does, it is possible to approximate this.

Carl Rogers (1980) talked passionately about basic empathic listening—being with and understanding the other—even calling it "an unappreciated way of being" (p. 137). He used the word *unappreciated* because, in his view, few people in the general population developed this "deep listening" ability, and even so-called expert helpers did not give it the attention it deserved. Here is his description of empathic listening or being with:

It means entering the private perceptual world of the other and becoming thoroughly at home in it. It involves being sensitive, moment by moment, to

the changing felt meanings which flow in this other person, to the fear or rage or tenderness or confusion or whatever that he or she is experiencing. It means temporarily living in the other's life, moving about in it delicately without making judgments. (p. 142)

Such empathic listening is selfless because helpers must put aside their own concerns to be fully with their clients. Of course, Rogers points out that this deeper understanding of clients remains sterile unless it is somehow communicated to them. Although clients can appreciate how intensely they are attended and listened to, they and their concerns still need to be understood. Empathic listening begets empathic understanding, which begets empathic responding.

Empathic participation in the world of another person obviously admits of degrees. As a helper, you must be able to enter clients' worlds deeply enough to understand their struggles with problem situations or their search for opportunities with enough depth to make your participation in problem management and opportunity development valid and substantial. If your help is based on an incorrect or invalid understanding of the client, then your helping may lead him or her astray. If your understanding is valid but superficial, then you might miss the central issues of the client's life.

Back to Jennie and Denise. Denise is a pro, so she doesn't have much of a problem with inadequate listening. She is an empathic listener par excellence. Denise knows she has to be with Jennie every step of the way.

LISTENING TO WORDS: CLIENTS' STORIES, POINTS OF VIEW, DECISIONS, AND INTENTIONS OR PROPOSALS

Listening to what clients are saying is not a free-form activity. Helpers need to be focused. Recognizing modes of client discourse—for instance, clients tell *stories*, share *points of view*, deliver *decisions*, and state *intentions* or offer *proposals*—can help you organize your listening; that is, they can help you listen for the client's key points and relevant detail.

Listening to Clients' Stories

Most immediately, helpers listen to clients' "stories"—that is, their accounts of their problem situations and unused opportunities. Stories tend to be mixtures of clients' experiences, behaviors, and emotions. Traditionally, human activity has been divided into three parts: thinking, feeling, and acting. A slightly different approach is taken here.

Clients talk about their *experiences*—that is, what happens to them. If a client tells you that she was fired from her job, she is talking about her problem situation as an experience. Jennie, of course, talked about being raped, belittled, and ignored. Clients talk about their *behavior*—that is, what they do or refrain from doing. If a client tells you that he smokes and drinks a lot, he is talking about his external behavior. If a different client says that she spends a great deal of time daydreaming, she is talking about her internal behavior. Jennie talked about pulling away from

her family and friends after the rape investigation. Clients talk about their *affect*—that is, the feelings, emotions, and moods that arise from or are associated with their experiences and both internal and external behavior. If a client tells you how depressed she gets after fights with her fiancé, she is talking about the mood associated with her experiences and behavior. Jennie talked about her shame, her feelings of betrayal, and her anger. Since experiences, actions, and emotions are interrelated in the day-to-day lives of clients, they mix them together in telling their stories. Consider this example:

A client says to a counselor in the personnel department of a large company, "I had one of the lousiest days of my life yesterday." At this point, the counselor knows that something went wrong and that the client feels bad about it, but she knows relatively little about the specific experiences, behaviors, and emotions that made the day such a horror for the client. However, the client continues, "Toward the end of the day, my boss yelled at me in front of some of my colleagues for not landing an order from a new customer [experience]. I lost my temper [emotion] and yelled right back at him [behavior]. He blew up and fired me on the spot [experience]. And now I feel awful [emotion] and am trying to find out if I really have been fired and, if so, if I can get my job back [behavior]."

Problem situations are much clearer when they are spelled out as specific experiences, behaviors, and feelings related to specific situations.

Since clients spend so much time telling their stories, a few words about each of these elements are in order.

Experiences. Most clients spend a fair amount of time, sometimes too much time, talking about what happens to them.

- "My wife doesn't understand me."
- "My ulcer acts up when family members argue."
- "My boss doesn't give me feedback."
- "I get headaches a lot."

It is of paramount importance to listen to and understand clients' experiences. However, since experiences dwell on what other people do or fail to do, experience-focused stories smack a bit of passivity. At times, the implication is that others—or the world in general—are to blame for the client's problems.

- "She doesn't do anything all day. The house is always a mess when I come home. No wonder I can't concentrate at work."
- "He tells his little jokes, and I'm always the butt of them. He makes me feel bad about myself most of the time."

Some clients talk about experiences that are internal and out of their control.

- "These feelings of depression come from nowhere and seem to suffocate me."
- "I just can't stop thinking of him."

The last statement sounds like an action, but it is expressed as an experience. It is something happening to the client, at least to the client's way of thinking. One reason that some clients fail to manage the problem situations of their lives is that they are too passive or see themselves as victims, adversely affected by other people,

by the immediate social settings of life such as the family, by society in its larger organizations and institutions such as government or the workplace, by cultural prescriptions, or even by internal forces. They feel that they are no longer in control of their lives or some dimension of life. Therefore, they talk extensively about these experiences.

- "Company policy discriminates against women. It's that simple."
- "The economy is booming, but the kind of jobs I want are already taken."
- "No innovative teacher gets very far around here."

Of course, some clients *are* treated unfairly; they are victimized by the behaviors of others in the social and institutional settings of their lives. Although they can be helped to cope with victimization, full management of their problem situations demands changes in the social settings themselves. For instance, a client might be helped to cope with a brutal husband, but ultimately the courts would have to intervene to keep him at bay.

For other clients, talking constantly about experiences is a way of avoiding responsibility: "It's not my fault. After all, these things are happening to me." Sykes (1992) in his book *A Nation of Victims*, was troubled by the tendency of the United States to become a "nation of whiners unwilling to take responsibility for our actions." Whether his statement is true or not, counselors must be able to distinguish "whiners" from those who are truly being victimized.

Behaviors. All of us do things that get us into trouble and fail to do things that will help us get out of trouble or develop opportunities. Clients are no different.

- "When he ignores me, I think of ways of getting back at him."
- "Whenever anyone gets on my case for having a father in jail, I let him have it. I'm not taking that kind of crap from anyone."
- "Even though I feel the depression coming on, I don't take the pills the doctor gave me."
- "When I get bored, I find some friends and go get drunk."
- "I have a lot of sexual partners and have unprotected sex whenever my partner will let me."

Some clients talk freely about their experiences, what happens to them, but seem more reluctant to talk about their behaviors. One reason for this is that they can't talk about behaviors without bringing up issues of personal responsibility.

Affect: Feelings, emotions, and moods. Feelings, emotions, and moods constitute a river that continually runs through us—peaceful, meandering, turbulent, or raging—often beneficial, sometimes dangerous, seldom neutral. They are certainly an important part of clients' problem situations and undeveloped opportunities (Greenberg & Paivio, 1997; Plutchik, 2001). Some have complained that psychologists—both researchers and practitioners—don't take emotions seriously enough. For instance, anger is a ubiquitous and extremely important emotion, but "it has been oddly neglected by the clinical community" (Norcross & Kobayashi, 1999, p. 275; this is the opening article of a series of articles on anger in a special section

of the *Journal of Clinical Psychology*, 55, March, 1999). But there are some signs that things are changing. In 2001, a new American Psychological Association journal, *Emotion*, entered the scene because of the recognition that emotion is fundamental to so much of human life. The journal includes articles ranging from the so-called softer side of psychology through hard-nosed molecular science. Popular self-help books written by professionals have proved useful to both clients and practitioners for years (McKay & Dinkmeyer, 1994; McKay, Davis, & Fanning, 1997). These very practical books tend to take a positive-psychology approach to experiencing, regulating, and using emotions in everyday life.

Recognizing key feelings, emotions, and moods (or the lack thereof) is very important for at least three reasons. First, they pervade our lives. There is an emotional tone to just about everything we do. Feelings, emotions, and moods pervade clients' stories, points of view, decisions, and intentions or proposals. Second, they greatly affect the quality of our lives. A bout of depression can stop us in our tracks. A depressed client is an unhappy client. A client who gets out from under the burden of self-doubt breathes more freely. Third, feelings, emotions, and moods are drivers of our behavior. As Lang (1995) pointed out, they are "action dispositions" (p. 372). Clients driven by anger can do desperate things. On the other hand, enthusiastic clients can accomplish more than they ever thought they could. The good news is that we can learn how to tune ourselves in to our clients' and our own feelings, emotions, and moods (Machado, Beurler, & Greenberg, 1999) at the service of discovering how to regulate them.

Understanding the role of feelings, emotions, and moods in client's problem situations and their desire to identify and develop opportunities is central to the helping process. Emotions highlight learning opportunities.

- "I've been feeling pretty sorry for myself ever since he left me." This client learns that self-pity constricts her world and limits problem-managing action.
- "I yelled at my mother last night, and now I feel very ashamed of myself." Shame may well be a wake-up call in this client's relationship with his mother.
- "I've been anxious for the past few weeks, but I don't know why. I wake up feeling scared, and then it goes away but comes back again several times during the day." Anxiety has become a bad habit for this client. It is self-perpetuating. What can the client do to break through the vicious circle?
- "I finally finished the term paper that I've been putting off for weeks and I feel great!" Here emotion becomes a tool in this client's struggle against procrastination.

The last item in this list brings up an important point. In the psychological literature, negative emotions tend to receive more attention than positive emotions. Work is under way to study positive emotions and their beneficial effects. There are indications that we can use positive emotions to promote both physical and psychological well-being (Salovey, Rothman, Detweiler, & Steward, 2000). Studies also indicate that emotions can free up psychological resources, act as opportunities for learning, and promote health-related behaviors. In managing problems and developing opportunities, social support plays a key role. As Salovey and his col-

leagues note, clients are more likely to elicit social support if they manifest a positive attitude toward life. Potential supporters tend to shun clients who let their negative emotions get the best of them.

Of course, clients often express feelings without talking about them. When a client says, "My boss gave me a raise and I didn't even ask for one!" you can feel the emotion in her voice. A client who is talking listlessly and staring down at the floor may not say, in so many words, "I feel depressed." A dying person may express feelings of anger and depression without talking about them. Other clients feel deeply about things but do their best to hold their feelings back. But effective helpers can usually pick up clues or hints, whether verbal or nonverbal, that indicate the feelings and emotions rumbling inside.

The point here is this: A full story is a mixture of experiences, behaviors, and feelings. And stories, often in the form of examples, are used to explain and illustrate points of view, decisions, intentions, and proposals. Your first job is to listen carefully to the mix clients use to talk about their concerns and what they would like to do about them.

Listening to Clients' Points of View

As clients tell their stories, explore possibilities for a better future, set goals, make plans, and review obstacles to accomplishing these plans, they often share their points of view. A point of view is a client's personal estimation of something. A full point of view includes the point of view itself, the reasons for it, an illustration to bring it to life, and some indication of how open the client might be to modifying it. There is usually no direct expectation that anyone else need adopt the point of view; that would be a form of selling or persuasion. But realistically, the implication often is, "I think this way. Why don't other people think this way?" For instance, Aurora, an 80-year-old woman, is talking to a counselor about the various challenges of old age. At one point she says,

My sister in Florida [85 years old]—Sis, we call her—is sick. She's probably dying, but she wants to stay at home. She's asked me to come down there and take care of her. I think that's asking too much. I could use some help myself these days. But she keeps calling.

Aurora's point of view is that her sister's request is not realistic because she herself needs some help to get by. But her sister persists in trying to persuade her to change her mind. Points of view reveal clients' beliefs, values, attitudes, and convictions. Clients may share their points of view about everything under the sun. The ones that are relevant to their problem situations or undeveloped opportunities need to be listened to and understood. In Jennie's case, she tells Denise,

You just can't trust the system. They're not going to help. They take the easy way out. I don't care which system it might be. Church, government, the community, sometimes even family. They're not going to give you much help.

Denise listens carefully to Jennie's point of view and realizes how much it is influencing her behavior. In Jennie's case, it's easy to see where the point of view comes from. But Denise also knows that, at some point, she needs to challenge Jennie's point of view because it may be one of the things that is keeping her locked in her misery. Points of view have power.

Listening to Clients' Decisions

From time to time, we all tell others about decisions we are making or that we've made. A client might say, "I've decided to stop drinking. Cold turkey." Or, "I'm tired of being alone. I'm going to join a dating service." Decisions usually have implications for the decision maker and for others. The client who has decided to go cold turkey on drink has his work cut out for him, but there are implications for his spouse. For instance, she's used to coping with a drunk, but now she may have to learn how to cope with this "new person" in the house. Commands, instructions, and even hints are, in a way, decisions about other people's behavior. A client might say to her helper, "Don't bring up my ex-husband any more. I'm finished with him."

Sharing a decision fully means spelling out the decision itself, the reasons for the decision, the implications for self and others, and some indication as to whether the decision or any part of it is open to review. For instance, Jennie, in talking with Denise about future employment, says in a rather languid tone of voice, "I'm not going to get any kind of job where I have to fight the race thing. Or the woman thing. I'm tired of fighting. I only get hurt. I know that this limits my opportunities, but I can live with that." Note that this is more than a point of view. Jenny is more or less saying, "I've made up my mind." She notes the implication for herself—a limitation of job opportunities—but the implication might be, "So that's the end of it. Don't try to convince me otherwise." Denise hears the message and the implied command. However, she believes that some of Jennie's decisions need challenging. Decisions can be tricky. Often how they are delivered says a great deal about the decision itself. Given the rather languid way in which Jennie delivers her decision, Denise thinks that it might not be Jennie's final decision; this is something that has to be checked out. A dialogue with Jennie about the reasons for her decision and a review of its implications are possible routes for a challenge.

Listening to Clients' Intentions or Proposals

Finally, clients state intentions, offer proposals, or make a case for certain courses of action. Consider Lydia. She is a single parent of two young children who is a member of the "working poor." Her wages don't cover her expenses. She has no insurance. The father of her children has long since disappeared. She says to a social worker,

I think I should quit my job. I'm making the minimum wage and, with travel expenses and all, I just can't make ends meet. I spend too much time traveling and don't see enough of my kids. Friends look after them when I'm gone, but that's hit and miss and puts a burden on them. You know if I go on welfare I could make almost as much. And then I could pick up jobs that would pay me cash. I've got friends who do this. I believe I could make ends meet. My kids and I would be better off. And I wouldn't be hassled as much.

Lydia is making a case, not announcing a decision. The case includes what she wants to do (quit her job and move into the "alternative" work economy), the reasons for doing it (the inadequacy of her current work situation, the need to make ends meet), and the implications for herself and her children (she'd be less hassled and her kids would see more of her and be better off).

Of course, when clients talk about their concerns, they mix all these forms of discourse together. Here's an example. What follows came out through dialogue in one of Jennie's sessions with Denise. For the sake of illustration, it is presented here in summary form in Jennie's words:

A couple of weeks ago I met a woman at work who has a story similar to mine. We talked for a while and got along so well that we decided to meet outside of work. I had dinner with her last night. She went into her story in more depth. I was amazed. At times I thought I was listening to myself. Because she had been hurt, she was narrowing her world down into a little patch so that she could control everything and not get hurt anymore. I saw right away that I'm trying to do my own version of the same thing. I know you've been telling me that, but I haven't been listening very well. Here's a woman with lots going for her, and she's hiding out. As I came back from dinner, I said to myself, "You've got to change." So, Denise, I want to revisit two areas we've talked about: my work life and my social life. I don't want to live in the hole I've dug for myself. I could see clearly some of the things she should do. So here's what I want to do. I want to engage in some little experiments in broadening my social life, starting with my family. And I want to discuss the kind of work I want without putting all the limitations on it. I want to start coming out of the hole I'm in. And I want to help my new friend do the same.

Everything is here, or elements of everything: a story about her new friend, including experiences, actions, and feelings; points of view about her new friend; decisions about where she wants her life to go; and proposals about experiments in her social life and her relationship with her friend. The point is this: Developing frameworks for listening can help you zero in on the key messages your clients are communicating and help you identify and understand the feelings, emotions, and moods that go with them.

"Hearing" Opportunities and Resources

If you listen only for problems, you will end up talking mainly about problems. And you will shortchange your clients. Every client has something going for him or her. Your job is to spot clients' resources and help them invest these resources in managing problem situations and opportunities. If people generally use only a fraction of their potential, then there is much to be tapped. A counselor is working with a 65-year-old successful businessman who, with his wife, has raised three children. The children are well-educated and successful in their own right. The man is having difficulty coping with some health problems. The counselor learns that he was one of a group of poor inner-city boys in a longitudinal study. The boys had a mean IQ of 80 and a lot of social disadvantages (see Vaillant & Davis, 2000). As the counselor listens to the man's story, he hears a history of resilience. The man, helped to review the strategies he used to cope, finds that he can use some of them and others to cope with his health problems. At one point, the man says, "I never gave up then. Why should I start giving up now?"

LISTENING TO CLIENTS' NONVERBAL MESSAGES AND MODIFIERS

Recall what was said about nonverbal behavior in Chapter 4. Clients send messages through their nonverbal behavior. The ability of people to read these messages can contribute to their relationship well-being (Carton, Kessler, & Pape, 1999). Helpers need to learn how to read these messages without distorting or overinterpreting

them. For instance, when Denise says to Jennie, "It seems that it's hard talking about yourself," Jennie says, "No, I don't mind at all." But the real answer is probably in her nonverbal behavior, for she speaks hesitatingly while looking away and frowning. Reading such cues helps Denise understand Jennie better. Our nonverbal behavior has a way of "leaking" messages about what we really mean. The very spontaneity of nonverbal behaviors contributes to this leakage, even in the case of highly defensive clients. It is not easy for clients to fake nonverbal behavior (Wahlsten, 1991). The real messages still tend to leak out.

Besides being a channel of communication in itself, such nonverbal behavior as facial expressions, bodily motions, and voice quality often modify and punctuate verbal messages in much the same way that periods, question marks, exclamation points, and underlining punctuate written language. All the kinds of nonverbal behavior mentioned in Chapter 4 can punctuate or modify verbal communication in the following ways.

Confirming or repeating. Nonverbal behavior can confirm or repeat what is being said verbally. For instance, when Denise responds to Jennie with just the right degree of understanding—she hits the mark—not only does Jennie say, "That's right!" but also her eyes light up (facial expression), she leans forward a bit (bodily motion), and her voice is very animated (voice quality). Her nonverbal behavior confirms her verbal message.

Denying or confusing. Nonverbal behavior can deny or confuse what is being said verbally. When challenged by Denise, Jennie denies that she is upset, but her voice falters a bit (voice quality) and her upper lip quivers (facial expression). Her nonverbal behavior carries the real message.

Strengthening or emphasizing. Nonverbal behavior can strengthen or emphasize what is being said. When Denise suggests to Jennie that she ask her boss what he means by her "erratic behavior," Jennie says in a startled voice, "Oh, I don't think I could do that!" while slouching down and putting her face in her hands. Her nonverbal behavior underscores her verbal message.

Adding intensity. Nonverbal behavior often adds emotional color or intensity to verbal messages. When Jennie tells Denise that she doesn't like to be confronted without first being understood and then stares at her fixedly and silently with a frown on her face, Jennie's nonverbal behavior tells Denise something about the intensity of her feelings.

Controlling or regulating. Nonverbal cues are often used in conversation to regulate or control what is happening. Let's say that in a group counseling session, Nina looks at Tom and gives every indication that she is going to speak him. But he looks away. Nina hesitates and then decides not to say anything. Tom has used a nonverbal gesture to control her behavior.

In reading nonverbal behavior—*reading* is used here instead of *interpreting*—caution is a must. We listen to clients to understand them, not to dissect them. Merely reading about nonverbal behavior is not enough. Identifying relevant clues in videotaped interactions can help a great deal (Costanzo, 1992). Once you develop a working knowledge of nonverbal behavior and its possible meanings, you

must learn through practice and experience to be sensitive to it and read its meaning in any given situation.

Since nonverbal behaviors can often mean a number of things, how can you tell which meaning is the real one? The key is the context in which they take place. Effective helpers listen to the entire context of the helping interview and do not become overly fixated on details of behavior. They are aware of and use the non-verbal communication system, but they are not seduced or overwhelmed by it. Sometimes novice helpers will fasten selectively on this or that bit of nonverbal behavior. For example, they will make too much of a half-smile or a frown on the face of a client. They will seize upon the smile or the frown and, in overinterpreting it, lose the person. There is no need to go overboard on listening. Remember that you are a human being listening to a human being, not a vacuum cleaner indiscriminately sweeping up every scrap. Quality, not quantity. Which brings us to the next topic.

PROCESSING WHAT YOU HEAR: THE THOUGHTFUL SEARCH FOR MEANING

Even though we do it while we listen, we process what we hear. The trick is to become a thoughtful processor. As we shall see a bit further along, there are many less-than-thoughtful ways of processing clients' stories, points of view, and decisions. But first, what does thoughtful processing look like?

Identify key messages and feelings. Denise listens to what Jennie has to say early on about her past and present experiences, actions, and emotions. She listens to Jennie's points of view and the decisions she has made or is in the process of making. She listens to Jennie's intentions and proposals. Jennie tells Denise about an intention gone awry and the emotions that went with it: "When the investigation began, I had every intention of pushing my case, because I knew that some of the men on campus were getting away with murder. But then it began to dawn on me that people were not taking me seriously because I am an African American woman. First I was angry, but then I just got numb. . . ." Later, Jennie says, "I get headaches a lot now. I don't like taking pills, so I try to tough it out. I have also become very sensitive to any kind of injustice, even in movies or on television. But I've stopped being any kind of crusader. That got me nowhere." As Denise listens to Jennie speak, questions based on the listening frameworks outlined here arise in the back of her mind:

- What are the main points here?
- What experiences and actions are most important?
- What themes are coming through?
- What is Jennie's point of view?
- What is most important to her?
- What does she want me to understand?
- What decisions are implied in what she's saying?
- What is she proposing to do?

If helpers think that everything that their clients say is key, then nothing is key. In the end, helpers make a clinical judgment as to what is key. Of course, as we shall see later, helpers have ways of checking their understanding. Denise doesn't distract herself from Jenny by asking the questions of herself directly, but they are part of her active listening and symbolize her interest in Jenny's world. What Denise has learned from both theory and experience over the years constitute the basis for the clinical judgments she makes.

Understand clients through context. People are more than the sum of their verbal and nonverbal messages. Listening in its deepest sense means listening to clients themselves as influenced by the contexts in which they "live, move, and have their being." Earlier it was pointed out how important it is to interpret a client's nonverbal behavior in the context of the entire helping session. It is also essential to understand clients' stories, points of view, and decisions through the wider context of their lives. All the things that make people different—culture, personality, personal style, ethnicity, key life experiences, education, travel, economic status, and the others forms of diversity discussed in Chapter 3—provide the context for the client's problems and unused opportunities. Key elements of this context become part of the client's story whether they are mentioned directly or not. Effective helpers listen through this wider context without being overwhelmed by the details of it.

McAuliffe and Eriksen (1999) offer a where-when-how-what model for helping helpers think about their clients in context. The model is based on four questions. The first deals with background, the circumstances of the client's life: What circumstances surround the client, and how do these circumstances affect the way the client understands and deals with her or his problems and opportunities? The second question deals with developmental stage: What age-related psychosocial tasks and challenges is the client currently facing, and how does the way the client goes about these tasks affect the problem situation or opportunity? The third question deals with the client's approach to coming to know and make sense of the world about him or her: How does the client go about constructing meaning, including such things as determining what is important and what is right? The last question deals with personality: How does the client's personality style and temperament affect his or her self-understanding and his or her approach to the world? This is, of course, but one framework. You need to discover for yourself the contextual frameworks that can help you understand your clients as "people-in-systems" (Egan & Cowan, 1979). And contextual frameworks need to be updated. For instance, Arnett (2000) provides an emerging-adulthood framework for understanding the developmental tasks and challenges from the late teens through the twenties in societies that allow young people independent role exploration during those years. At the other end of the spectrum, Qualls and Abeles (2000) reframe the challenges of growing older and debunk popular misconceptions about aging.

Denise tries to understand Jennie's verbal and nonverbal messages, especially the core messages, in the context of Jennie's life. As she listens to Jennie's story, Denise says to herself right from the start something like this:

Here is an intelligent African American woman from a conservative Catholic background. She has been very loyal to the church because it proved to be a refuge in the inner city. It was a gathering place for her family and friends. It provided her with a decent primary and secondary school

education and a shot at college. She did very well in her studies. Initially, college was a shock; it was her first venture into a predominantly white and secular culture. But she chose her friends carefully and carved out a niche for herself. Since studies were much more demanding, she had to come to grips with the fact that, in this larger environment, she was, academically, closer to average. The rape and investigation put a great deal of stress on what proved to be a rather fragile social network. Her life began to unravel. She pulled away from her family, her church, and the small circle of friends she had at college. At a time when she needed support the most, she cut it off. After graduation, she continued to stay "out of community." Now she is underemployed as a secretary in a small company. This does little for her sense of personal worth.

Denise listens to Jenny *through* this context without assuming that it need define Jenny. The helping context is also important. Denise needs to be sensitive about how Jennie might feel about talking to a woman who is quite different from her and also needs to understand that Jennie might well have some misgivings about the helping professions.

In sum, Denise tries to pull together the themes she sees emerging in Jennie's story and tries to see these themes in context. She listens to Jennie's discussion of her headaches (experiences), her self-imposed social isolation (behaviors), and her chronic depression (affect) against the background of her social history—the pressures of being religious in a secular society at school, the problems associated with being an upwardly mobile African American woman in a predominantly white male society. Denise sees the rape and investigation as social, not merely personal, events. She listens actively and carefully because she knows that her ability to help depends, in part, on not distorting what she hears. She does not focus narrowly on Jennie's inner world, as if Jennie could be separated from the social context of her life. Finally, although Denise listens to Jennie through the context of Jennie's life, she does not get lost in it. She uses context both to understand Jennie and to help her manage her problems and develop her opportunities more fully.

Hear the slant or spin: Tough-minded listening and processing. This is the kind of listening needed to help clients explore issues more deeply and to identify blind spots that need to be challenged. Skilled helpers listen not only to the client's stories, points of view, decisions, intentions, and proposals but also to any slant or spin that clients might give them. Although clients' visions of and feelings about themselves, others, and the world are real and need to be understood, their perceptions of themselves and their worlds are sometimes distorted. For instance, if a client sees herself as ugly when in reality she is beautiful, her experience of herself as ugly is real and needs to be listened to and understood. But her experience of herself does not square with the facts. This, too, must be listened to and understood. If a client sees himself as above average in his ability to communicate with others when, in reality, he is below average, his experience of himself needs to be listened to and understood, but reality cannot be ignored. Tough-minded listening includes detecting the gaps, distortions, and dissonance that are part of the client's experienced reality.

Denise realizes from the beginning that some of Jennie's understandings of herself and her world are not accurate. For instance, in reflecting on all that has happened, Jennie remarks that she probably got what she deserved. When Denise asks her what she means, she says, "My ambitions were too high. I was getting beyond my place in life." This is the slant or spin Jennie gives to her career aspirations. It is one thing to understand how Jennie might put this interpretation on what has happened; it is another to assume that such an interpretation reflects reality. To be client-centered, helpers must first be reality-centered.

Of course, helpers need not challenge clients as soon as they hear any kind of distortion. Rather, they note gaps and distortions, choose key ones, and challenge them when it is appropriate to do so (see Chapters 10 through 12).

Muse on what's missing. Clients often leave key elements out when talking about problems and opportunities. Having frameworks for listening can help you spot key things that are missing. For instance, they tell their stories but leave out key experiences, behaviors, or feelings. They offer points of view but say nothing about what's behind them or their implications. They deliver decisions but don't give the reasons for them or spell out the implications. They propose courses of action but don't say why they want to head in a particular direction, what the implications are for themselves or others, what resources they might need, or how flexible they are. As you listen, it's important to note what they put in and what they leave out. For instance, when it comes to stories, clients often leave out their own behavior or feelings. Jennie says, "I got a call from an old girl friend last week. I'm not sure how she tracked me down. We must have chatted away for 20 minutes. You know, catching up." Since Jennie says this in a rather matter-of-fact way, it's not clear how she felt about it at the time or feels now. Nor is there any indication of what she might want to do about it—for instance, stay in touch.

In another session, Jennie says, "I was talking with my brother the other day. He runs a small business. He asked me to come and work for him. I told him no. . . . By the way, I have to change the time of our next appointment. I forgot I've got a doctor's appointment." Denise notes the experience (being offered a job) and Jennie's behavior or reaction (a decision curtly refusing the offer). But Jennie leaves out the reasons for her refusal or the implications for herself or her brother or their relationship and moves to another topic.

Note that this is not a search for the "hidden stuff" that clients are leaving unsaid. We all leave out key details from time to time. Rather Denise, understanding what full versions of stories, points of view, and messages look like, notes what parts are missing. She then uses her clinical judgment—a large part of which is common sense—to determine whether to ask about the missing parts or not. For instance, when she asks Jennie why she refused her brother point blank, Jennie says, "Well, he's a good guy and I'd probably like the work, but this is no time to be getting mixed up with family." This is one more indication of how restricted Jennie has allowed her social life to become. It may be that she has determined that support from her family is out of bounds. Chapter 7 outlines and illustrates ways of helping clients fill out their stories with essential but missing detail related to stories, points of view, and messages.

LISTENING TO ONESELF: THE HELPER'S INTERNAL CONVERSATION

The conversation helpers have with themselves during helping sessions is the "internal conversation." To be an effective helper, you need to listen not only to the client but also to yourself. Granted, you don't want to become self-preoccupied, but listening to yourself on a "second channel" can help you identify both what you might do

to be of further help to the client and what might be standing in the way of your being with and listening to the client. It is a positive form of self-consciousness.

Some years ago, this second channel did not work very well for me. A friend of mine who had been in and out of mental hospitals for a few years and whom I had not seen for over six months showed up unannounced one evening at my apartment. He was in a highly excited state. A torrent of ideas, some outlandish, some brilliant, flowed nonstop from him. I sincerely wanted to be with him as best I could, but I was very uncomfortable. I started by more or less naturally following the guidelines of tuning in, but I kept catching myself at the other end of the couch on which we were both sitting with my arms and legs crossed. I think that I was defending myself from the torrent of ideas. When I discovered myself almost literally tied up in knots, I would untwist my arms and legs, only to find them crossed again a few minutes later. It was hard work being with him. In retrospect, I realize I was concerned for my own security. I have since learned to listen to myself on the second channel a little better. When I listen to my nonverbal behavior as well as my internal dialogue, my interactions with clients are better.

Helpers can use this second channel to listen to what they are "saying" to themselves, their nonverbal behavior, and their feelings and emotions. These messages can refer to the helper, the client, or the relationship.

- "I'm letting the client get under my skin. I had better do something to reset the dialogue."
- "My mind has been wandering. I'm preoccupied with what I have to do tomorrow. I had better put that out of my mind."
- "Here's a client who has had a tough time of it, but her self-pity is standing in the way of her doing anything about it. My instinct is to be sympathetic. I need to talk to her about her self-pity, but I had better go slow."
- "It's not clear that this client is interested in changing. It's time to test the waters."

The point is that this internal conversation goes on all the time. It can be a distraction or it can be another tool for helping. The client, too, is having his or her internal conversation. One intriguing study (Hill, Thompson, Cogar, & Denman, 1993) suggests that both client and therapist are more or less aware of the other's "covert processes." This study shows that helpers, even though they know that clients are having their own internal conversations and leave things unsaid, are not very good at determining what those things are. At times, there are verbal or nonverbal hints as to what clients' internal dialogues might be. Helping clients move key points from their internal conversations into helping dialogues is a key task and will be discussed in Chapters 7, 10, 11, and 12.

THE SHADOW SIDE OF LISTENING TO CLIENTS

Listening, as described here, is not as easy as it sounds. Obstacles and distractions abound. Some relate to listening generally. Others relate more specifically to listening to and interpreting the nonverbal behavior of clients.

Forms of Distorted Listening

The following kinds of distorted listening, as you will see from your own experience, permeate human communication. They also insinuate themselves at times into the helping dialogue. Sometimes more than one kind of distortion contaminates the helping dialogue. They are part of the shadow side because helpers never intend to engage in these kinds of listening. Rather helpers fall into them at times without even realizing that they are doing so. But they stand in the way of the kind of open-minded listening and processing needed for real dialogue.

Filtered listening. It is impossible to listen to other people in a completely unbiased way. Through socialization, we develop a variety of filters through which we listen to ourselves, others, and the world around us. As Hall (1977) notes: "One of the functions of culture is to provide a highly selective screen between man and the outside world. In its many forms, culture therefore designates what we pay attention to and what we ignore. This screening provides structure for the world" (p. 85). We need filters to provide structure for ourselves as we interact with the world. But personal, familial, sociological, and cultural filters introduce various forms of bias into our listening, without our being aware of it.

The stronger the cultural filters, the greater the likelihood of bias. For instance, a white middle-class helper probably tends to use white middle-class filters in listening to others. Perhaps this makes little difference if the client is also white and middle class. But if the helper is listening to an Asian client who is well-to-do and has high social status in his community, to an African American mother from an urban ghetto, or to a poor white subsistence farmer, then the helper's cultural filters might introduce bias. Prejudices, whether conscious or not, distort understanding. Like everyone else, helpers are tempted to pigeonhole clients because of gender, race, sexual orientation, nationality, social status, religious persuasion, political preferences, lifestyle, and the like. Self-knowledge on the part of helpers is essential. This includes ferreting out the biases and prejudices that distort listening.

Evaluative listening. Most people, even when they listen attentively, listen evaluatively. That is, as they listen, they are judging what the other person is saying as good/bad, right/wrong, acceptable/unacceptable, likable/unlikable, relevant/irrelevant, and so forth. Helpers are not exempt from this universal tendency. The following interchange takes place between Jennie and a friend of hers. Jennie recounts it to Denise as part of her story.

JENNIE: Well, the rape and the investigation are not dead, at least not in my mind. They are not as vivid as they used to be, but they are there.

FRIEND: That's the problem, isn't it? Why don't you do yourself a favor and forget about it? Get on with life, for God's sake!

Evaluative listening gives way to advice giving. It might well be sound advice, but the point here is that Jennie's friend listens and responds evaluatively. Clients should first be understood, then, if necessary, challenged or helped to challenge themselves. Evaluative listening, translated into advice giving, will just put clients off. Indeed, a judgment that a client's point of view, once understood, needs to be expanded or transcended or that a pattern of behavior, once listened to and understood, needs to be altered can be quite useful. That is, there are productive forms of

evaluative listening. It is practically impossible to suspend judgment completely. Nevertheless, it is possible to set one's judgment aside for the time being in the interest of understanding clients, their worlds, their stories, their points of view, and their decisions "from the inside."

Stereotype-based listening. I remember my reaction to hearing a doctor refer to me as the "hernia in 304." We don't like to be stereotyped, even when the stereotype has some validity. The very labels we learn in our training—paranoid, neurotic, sexual disorder, borderline—can militate against empathic understanding. Books on personality theories provide us with stereotypes: "He's a perfectionist." We even pigeonhole ourselves: "I'm a Type A personality." In psychotherapy, diagnostic categories can take precedence over the clients being diagnosed. Helpers forget at times that their labels are interpretations rather than understandings of their clients. You can be "correct" in your diagnosis and still lose the person. In short, what you learn as you study psychology can help you to organize what you hear, but it can also distort your listening. To use terms borrowed from Gestalt psychology, make sure that your client remains "figure"—that is, in the forefront of your attention—and that models and theories about clients remain "ground"—knowledge that remains in the background and is used only in the interest of understanding and helping this unique client.

Fact-centered rather than person-centered listening. Some helpers ask clients many informational questions, as if clients would be cured if enough facts about them were known. It's entirely possible to collect facts but miss the person. The antidote is to listen to clients contextually, trying to focus on themes and key messages. Denise, as she listens to Jennie, picks up what is called a "pessimistic explanatory style" theme (Peterson, Seligman, & Vaillant, 1988). Concerning unfortunate events, clients with this style tend to say, directly or indirectly, such things as, "It will never go away," "It affects everything I do," and "It is my fault." Denise knows that the research indicates that people who fall victim to this style tend to end up with poorer health than those who do not. There may be a link, she hypothesizes, between Jennie's somatic complaints (headaches, gastric problems) and this explanatory style. This is a theme worth exploring.

Sympathetic listening. Since most clients are experiencing some kind of misery and since some have been victimized by others or by society itself, there is a tendency on the part of helpers to feel sympathy for them. Sometimes these feelings are strong enough to distort the stories that clients are telling. Consider this case:

Liz was counseling Ben, a man whose wife and daughter had died in a tornado. Liz had recently lost her husband to cancer. As Ben talked about his own tragedy during their first meeting, she wanted to hold him. Later that day, she took a long walk and realized how her sympathy for Ben had distorted what she heard. She heard the depth of his loss, but, reminded of her own loss, only half heard the implication that his loss now excused him from getting on with his life.

Sympathy has an unmistakable place in human relationships, but its "use," if that does not sound too inhuman, is limited in helping. In a sense, when I sympathize with someone, I become his or her accomplice. If I sympathize with my client as she tells me how awful her husband is, I take sides without knowing the complete story. Expressing sympathy can reinforce self-pity in a client. But self-pity has a way of driving out problem-managing action.

Interrupting. I am reluctant to add "interrupting," as some do, to this list of shadow-side obstacles to effective listening. Certainly, when helpers interrupt their clients, they, by definition, stop listening. And interrupters often say things they have been rehearsing, which means that they have been only partially listening. My reluctance, however, comes from the conviction that the helping conversation should be a dialogue. There are benign and malignant forms of interrupting. The helper who cuts the client off in mid-thought to say something important is using a malignant form. But the case is different when a helper "interrupts" a monologue with some gentle gesture and a comment such as, "You've made several points. I want to make sure that I've understood them." When interrupting promotes the kind of dialogue that serves the problem-management process, it is useful. Still, care must be taken to factor in cultural differences in storytelling.

One possible reason counselors fall prey to these kinds of shadow-side listening is the unexamined assumption that listening with an open mind is the same as approving what the client is saying. This, of course, is not the case. Rather, listening with an open mind helps you learn and understand. Whatever the reason for shadow-side listening, the outcome can be devastating because of a truth philosophers learned long ago—a small error in the beginning can lead to huge errors down the road. If the foundation of a building is out of kilter, it is hard to notice with the naked eye. But, by the time construction reaches the ninth floor, it begins to look like the Leaning Tower of Pisa. Tuning in to clients and listening both actively and with an open mind are foundation counseling skills. Ignore them and dialogue is impossible.

Myths About Nonverbal Behavior

Myths about behavior are part of the shadow side. Richmond and McCroskey (2000) spell out the shadow side of nonverbal behavior in terms of commonly held myths (pp. 2–3):

1. *Nonverbal communication is nonsense. All communication involves language. Therefore, all communication is verbal.* This myth is disappearing. It does not stand up under the scrutiny of common sense.
2. *Nonverbal behavior accounts for most of the communication in human interaction.* Early studies tried to "prove" this, but they were biased. Studies were aimed at dispelling myth number 1 and overstepped their boundaries.
3. *You can read a person like a book.* Some people, even some professionals, would like to think so. You can read nonverbal behavior, verbal behavior, and context and still be wrong.
4. *If a person does not look you in the eye while talking to you, he or she is not telling the truth.* Tell this to liars! The same nonverbal behavior can mean many different things.
5. *Although nonverbal behavior differs from person to person, most nonverbal behaviors are natural to all people.* Cross-cultural studies give the lie to this. But it isn't true even within the same culture.
6. *Nonverbal behavior stimulates the same meaning in different situations.* Too often the context is the key. Yet some professionals buy the myth and base interpretive systems on it.

6

SHARING EMPATHIC HIGHLIGHTS: COMMUNICATING AND CHECKING UNDERSTANDING

RESPONDING SKILLS

THE THREE DIMENSIONS OF RESPONDING SKILLS: PERCEPTIVENESS, KNOW-HOW, AND ASSERTIVENESS

- Perceptiveness
- Know-how
- Assertiveness

SHARING EMPATHIC HIGHLIGHTS: COMMUNICATING UNDERSTANDING TO CLIENTS

THE KEY BUILDING BLOCKS OF EMPATHIC HIGHLIGHTS

The Basic Formula

Respond Accurately to Clients' Feelings, Emotions, and Moods

- Use the right family of emotions and the right intensity
- Distinguish between expressed and discussed feelings
- Read and respond to feelings and emotions embedded in clients' nonverbal behavior
- Be sensitive in naming emotions
- Use different ways to share highlights about feelings and emotions
- Neither overemphasize nor underemphasize feelings, emotions, and moods

Respond Accurately to the Key Experiences and Behaviors in Clients' Stories

Respond with Highlights to Clients' Points of View, Decisions, and Proposals

- Communicate understanding of clients' point of view
- Communicate understanding of clients' decisions
- Communicate understanding of clients' intentions or proposals